

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Vote!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>Precision Network, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <span style="border: 1px solid black; padding: 2px;">20000.00</span>		
City Washington State DC Zip Code 20036-4010		Transaction ID : VN7A7A27DD7			
Purpose of Expenditure Digital Media Buy and Production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate Donald J. Trump			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2544754.92</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City State Zip Code			Date of Disbursement or Obligation		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;">20000.00</span>					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>					
<b>(c) TOTAL</b> Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;">20000.00</span>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		